



## All Friends Animal Clinic Surgery and/or Anesthesia Consent:

For office use only:

Account # \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

Owner Name: \_\_\_\_\_ Today's Phones: \_\_\_\_\_

Address: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Spayed/Neutered? Y \_\_\_ N \_\_\_

### Associated Procedures (additional cost may apply):

#### **Pre-Anesthetic Blood Profile:**

I (circle and initial space) do \_\_\_\_\_ I do not \_\_\_\_\_ wish this blood profile to be done. I understand the consequences of my decision, including all health risks to my pet. I understand that I am doing so against medical advice and that I have been asked to consider my decision carefully. If I decline the pre-anesthetic blood panel, I assume all health or other risks and responsibilities of the decline of this medically recommended blood profile.

**Microchip Transponder Implant:** Permanent means of identification done while your pet is under anesthesia. International recognition. Database registry included.

I (circle and initial space) do \_\_\_\_\_ do not \_\_\_\_\_ wish my pet to be microchipped.

**Nail Dremel:** While your pet is under anesthesia we can quickly, easily and safely trim your pet's nails.

I (circle and initial space) do \_\_\_\_\_ do not \_\_\_\_\_ wish my pet to have nails trim using the nail dremel,

**Pain Medication:** Post-operative pain management is a concern with virtually all-surgical procedures. An injection of analgesic medication will be administered pre-surgery to lessen post-operative discomfort. There is also post-surgery pain medication. Some procedures merit at-home oral medication for several days afterwards and will be dispensed at the veterinarian's discretion. Please initial below you do or do not want these medications utilized for your pet.

I (circle and initial space) do \_\_\_\_\_ do not \_\_\_\_\_ wish my pet to have pain medication. I understand the consequences of my decision, including discomfort to my pet. I understand that I am doing so against medical advice and that I have been asked to consider my decision carefully. If I decline the pain medications, I assume all health or other risks and responsibilities of the decline of these medically recommended medications.

**PLEASE NOTE: Pets must be verified as current on vaccinations or we will do them at admission. Additional cost may apply for vaccinations, medications or additional procedures as seen or recommended during or after the surgery/procedure.**

I am the owner or authorized agent for the owner of the above-described animal. I hereby authorize All Friends Animal Clinic and its agents to perform the following procedure(s) on the animal described above:

\_\_\_\_\_ I also authorize any additional diagnostic or surgical procedures or treatment deemed necessary due to medical or surgical complications or other unforeseen circumstances. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I will not hold All Friends Animal Clinic, its agents, the Doctors, or the staff liable for any complications. I have read and understand this authorization and consent form.

Agent or Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Witness: \_\_\_\_\_